



COUNTY OF SAN LUIS OBISPO
Department of Agriculture/Weights and Measures

2156 SIERRA WAY, SUITE A, SAN LUIS OBISPO, CALIFORNIA 93401-4556
MARTIN SETTEVENDEMIE
AGRICULTURAL COMMISSIONER/SEALER
www.slocounty.ca.gov/agcomm
AgCommSLO@co.slo.ca.us

RESTRICTED MATERIALS PERMIT CONDITION #6
METHYL BROMIDE SOIL FUMIGATION

*******PLEASE NOTE: ANY NEW REQUESTS FOR METHYL BROMIDE FUMIGATIONS AS OF JULY 2016 WILL BE EVALUATED & CUSTOMIZED ON A CASE BY CASE BASIS USING THE CONDITIONS REVISED ON 10/14/15 AS THE GUIDELINE AND INCLUDING ANY CHANGES IN DPR'S RECOMMENDED METHYL BROMIDE PERMIT CONDITIONS*******

Revised 10/14/15

General Requirements

1. Property operators and Pest Control Businesses associated with the use of Methyl Bromide/Chloropicrin for Field Fumigations shall comply with the laws and regulations found in the California Food and Agricultural Code (FAC), the California Code of Regulations (CCR), these Permit Conditions and the pesticide label. Failure to comply may result in an administrative penalty consisting of a fine to one or both parties. Where requirements differ, the more restrictive requirements shall apply.
2. These permit conditions do not apply to non-field fumigations including greenhouse, potting soil and golf courses.
3. The fumigating property operator or their employee representative, who has the authority to control the activities of the property operators' employees, must be present at the fumigation site during the application to supervise their handlers. The representative must be trained and equipped as a pesticide handler.
4. The Fumigant Management Plan (FMP) must be completed by the supervising certified applicator prior to the application. It must be available, at the work site, while the application is performed.
5. The application block shall not exceed 40 acres in any 24 hour time period. An *application block* is a field or portion of a field treated with a fumigant in any 24-hour period.
6. If a non-TIF (unapproved 60% reduction tarp) is used, the applications must start no earlier than one hour after sunrise and must end no later than three hours prior to sunset.
7. These permit conditions apply to the methyl bromide fumigation method 3(B)1; Tarpaulin/Shallow Broadcast – Horizontal V-shaped blades (Nobel Plow); FFM Code: 1103; emission ratio: 0.25.
8. Do not apply when ambient air temperature reaches or exceeds 85°F.
9. All complaints of pesticide exposure or unsafe conditions shall be reported to the Agricultural Commissioner as soon as possible and no later than the next working day.
10. The county agricultural commissioner must be notified immediately if the emergency response plan is implemented. After normal working hours, leave a message at 781-5910.

11. Additional conditions may be required by the Agricultural Commissioner and specified in supplemental permit conditions.

Worksite Plan

1. The Worksite Plan and Worksite Plan Worksheet (plus other documents listed below) are part of the permit and must be submitted for evaluation at least 7 days prior to submitting a Notice of Intent to fumigate. The applicator must have a copy of the approved Worksite Plan Worksheet and Map at the work site during the fumigation process. The fumigating property operator must retain control of the land through the completion of aeration. Do not deviate from the approved Worksite Plan.
2. It is critical that the number of acres to be fumigated per block is accurate on the worksite plan in order to ensure buffer zones are calculated correctly.
3. When using a TIF tarp; a copy of the tarp invoice, or similar document, showing the tarp is an approved TIF tarp, shall be included with the Worksite Plan.
4. **When approved, the worksite plan and completed forms become conditions of the restricted materials permit, along with this document.**
5. The Worksite Plan shall include:
 - a. Worksite Plan Worksheet (page 14)
 - b. Map
 - c. Methyl Bromide Notification Log (page 17)
 - d. Methyl Bromide Notification Form (page 15)
 - e. Tarp Repair Response Plan (page 26)
 - f. Tarp Management Plan (page 27)
 - g. Handler Workday/work hour limitations and respiratory protection
 - i. Work schedules must be based on the days/hours worked, the work task, the respiratory protection used and other factors involved with the application.
 - ii. Record the hours each employee is to work and submit the Work Hours Calculation Sheet (page 19) with the Worksite Plan.
 - h. Buffer Zone Permission (pages 20-24)
 - i. When any buffer zone extends onto another property, written permission from the adjoining property operator must be submitted to the Agricultural Commissioner 7 days prior to the NOI.
 - i. Vacating Agreements (page 25)
 - i. Signed vacating agreements shall be used to show that neighbors will vacate outbuildings, barns, shops, etc., as well as their own residences.
 - ii. The fumigation applicator and the property operator shall insure there are no occupied structures in the OBZ.

Worksite Plan Map

1. The permit applicant shall provide a complete legible aerial map including the field and surrounding areas, and the location of neighboring properties within 300 feet of the perimeter of the Outer Buffer Zone (OBZ). The map must identify adjacent neighboring property operators.
2. Neighboring properties requiring notification and/or signed agreements must be numbered to correspond with the **Methyl Bromide Notification Log** (page 17).
3. If a portion of a residential property is to be used as part of any buffer zone, the distance to the residence must be included.

4. The map must include the following information when obtaining a permit:
 - a. An outline of the proposed application block(s) with block dimensions, acreage(s) and fumigation sequence (i.e. day 1 - 14 ac, etc)
 - b. Location of buffer zone edges and buffer zone dimensions (feet)
 - c. Distances to all occupied structures
 - d. Inner Buffer Zone (IBZ), Outer Buffer Zone (OBZ), and Chloropicrin Buffer Zone (CBZ) size for each block
 - e. Approximate location of warning signs and IBZ signs
 - f. Roadways, rights-of-ways and sidewalks or other permanent walking paths
 - g. The location of wells within 100 feet of the perimeter of all application sites
 - h. Measurements from the fumigated field to the property lines of adjacent properties
 - i. The location of all difficult to evacuate sites within ¼ mile of the fumigation site.
 - j. The location with a description of structures and bystander areas within 300 feet of the outer perimeter of the buffer zone.
 - k. The location and distances to sensitive areas.

Initial Notification (see Methyl Bromide Notification form, pages 15 and 16)

1. The certified applicator supervising the fumigation and the operator of the property to be treated shall assure that operators of the following properties within 300 feet of the perimeter of the OBZ receive written notification, in both English and Spanish, that a permit to use methyl bromide near their property has been issued by commissioner: properties that contain schools, residences, hospitals, convalescent homes, onsite employee housing or businesses, and other properties located within an Inner or Outer Buffer Zone.
2. Initial notification must be in written on a completed San Luis Obispo County notification form. On the form, "Location of the Application Blocks" must include the actual location, not just the name or number of the ranch. If necessary, attach a map to the form so the person receiving the notice can understand where the fumigation will actually occur.
3. The operator of the property to be treated shall assure that notification is delivered as early as possible, but at least 7 days prior to submitting a Notice of Intent to fumigate.
4. Record the initial notification on the Methyl Bromide Notification Log (page 17), cross-referencing the location of the property to the map and submit the log with a site map 7 days prior to submitting the NOI. This meets the Emergency Preparedness and Response Measures as outlined on product labeling.
5. Specific notice shall be given to those who request it. (For Specific Notification—not included with the Worksite Plan)

Tarp Repair Response Plan

1. The decision to repair the tarp shall be made by a certified applicator.
2. Treated areas to be repaired must have the air tested by the certified applicator wearing an SCBA in order to determine if the damage can be repaired by someone without wearing an SCBA. Air testing must be done using a direct detection device, such as a Dräger tube. The treated area must have less than 1 ppm of methyl bromide and no sensory irritation is experienced before unprotected trained employees are allowed to enter to conduct tarp repair.
3. In the situation outlined above, employees are limited to tarp repair for up to 1 hour in a 24-hour period. If the air sample is between 1 ppm and 5 ppm, trained employees may enter wearing a full-facepiece air

purifying respirator to conduct tarp repair. The respiratory protection must be NIOSH-certified and specifically recommended by the manufacturer for use in atmospheres containing 5 ppm or less methyl bromide.

4. If the methyl bromide concentration is greater than 5 ppm, the person conducting the repair must wear an SCBA.
5. Employees shall wear the required respiratory protection during the entire duration of the fumigation-handling activity.
6. All tears in the tarp that occur during fumigant injection must be repaired as they occur.

Tarps

1. Non-tarp applications are not permitted in San Luis Obispo County.
2. If tarps assigned 60% reduction in buffer zone distance are used; then only those tarps approved for use with chloropicrin and approved by US EPA, California Department of Pesticide Regulations (DPR) and San Luis Obispo County Agricultural Commissioner are allowed. Please consult with your district PUE Inspector for the current list of tarps that qualify, as it is subject to change as tarps are tested in high humidity.
3. Tarps are considered part of the application equipment and must be kept in good repair throughout the application.
4. Metallized tarps are not allowed to be used.
5. Tarps that qualify for a reduction in buffer zone distance must not be perforated until a minimum of 9 days (216 hours) have elapsed after the application is complete, and must not be removed until a minimum of 1 day (24 hours) after perforation. Tarps may be perforated or removed earlier if label-specified adverse weather conditions have compromised the integrity of the tarp.
6. The property operator of the fumigated property shall assure that tarp perforation for broadcast applications is completed before noon.
7. When a Tarp Cutting and Removal Business cuts and removes fumigation tarps, the property operator and the Tarp Cutting and Removal Business share responsibility for compliance with Tarp Cutting & Removal conditions of this permit and with the following sections of Title 3 California Code of Regulations: 6447.3(a)(3), 6776(f), 6784(b)(4), 6784(a), 6784(b)(4)(A) and 6784(b)(4)(B).
8. Failure to comply with permit conditions or fumigation regulations may result in an administrative penalty consisting of a fine to the property operator and/or the Tarp Cutting and Removal Businesses, depending on the circumstances of the violation.
9. The property operator is responsible to notify the Tarp Cutting and Removal Business of the date and exact time when the tarps can be cut.

Notice of Intent (NOI)

1. The Notice of Intent must be completed and submitted by 2:00 p.m. two days prior to the intended fumigation and must be approved by the County Agricultural Commissioner (CAC).
2. Applications scheduled for Sunday or Monday must be submitted by 2:00 the previous Thursday for approval. Applications for Tuesday must be submitted by 2:00 the previous Friday.
3. A site map, indicating the application block dimensions, buffer zone dimensions (feet), with approximate location of signs, and property lines of the parcel containing the fumigated property must be submitted with the NOI, unless previously submitted on the Worksite Plan.
4. If the fumigation of an application block does not start within 12 hours of the starting time on the Notice of Intent (NOI), a new specific notification must be provided to those persons who requested a specific notification and those who signed a written buffer zone agreement. Failure to do this will delay the application.
5. Any change in the NOI, including but not limited to acreage, scheduling, or buffer zones, must be in writing for approval by the Agricultural Commissioner, but the 48-hour waiting period may be waived by the Commissioner. Inspectors will not alter or change information on the NOI. The resubmitted NOI must clearly indicate that it is a re-intent.

Specific Notification

1. This notification shall be given at least 48 hours prior to starting the fumigation and shall include the date and time of the start of the fumigation and anticipated expiration of the buffer zones. It shall be given to the property operators of adjoining properties onto which the buffer zone(s) extend, to persons vacating residences, and to persons who have requested specific notice.
2. If a request for specific notification is received within 48 hours prior to the scheduled fumigation date, specific notice shall be provided, but the 48-hour requirement shall not apply.
3. The operator of the property to be treated shall assure that specific notification of the fumigation date, start time and anticipated expiration of the buffer zones be provided to such persons indicated in Item #1, above.
4. The Specific Notification shall be cross-referenced to the Worksite Plan map. Record the date and method the specific notice was given on the shaded columns found on the **Methyl Bromide Notification Log** (Page 17).
5. If no specific notification is required, indicate such on the Notification Log.
6. The updated Notification Log (including the specific notification) and the Buffer Zone Vacating Agreement (if applicable) must be submitted to the Agricultural Commissioner's Office with the NOI.

Application Restrictions near Difficult to Evacuate Sites

1. Schools are considered occupied when they are in session, scheduled to be in session and/or hosting public events at the school site while the buffer zone is in effect.
2. Day care centers and other difficult to evacuate sites are listed at the following website:
<http://celd.ca.gov/PG3581.htm> For example; select "child care center" as the facility type and the ZIP code, city, county or area code to find the names and addresses of the child care centers in a specific area.

Buffer Zones

1. All methyl bromide and chloropicrin buffer zones must be determined separately and included on the Worksite Plan.
2. San Luis Obispo County has adopted the buffer zone requirements (Tables 1-5) in the Department of Pesticide Regulation's "Methyl Bromide Field Soil Fumigation Buffer Zone Determination, Rev. 3/13" as part of these permit conditions. In limited cases, the buffer zones may be increased due to unique circumstances at a specific site. A copy of the buffer zone tables can be found at:
http://www.cdpr.ca.gov/docs/emon/methbrom/buffer_determination.pdf
3. Buffer zone restrictions shall begin at the start of the fumigation and remain in effect for at least 48 hours after the completion of the application to the application block.
4. All non-handlers, including field workers, residents, pedestrians, and other bystanders must be excluded from all buffer zones during the buffer zone period, except for certain activities in the OBZ approved by the commissioner.
5. Buffer zones shall not contain occupied structures. All structures within the buffer zones shall be vacated and vacating agreements must be signed by the resident/property operator and submitted to the Agricultural Commissioner with the NOI. See vacating agreement.
6. Buffer zones shall not extend onto adjoining properties, unless written permission has been obtained from the adjoining resident/property operator and submitted to the Agricultural Commissioner with the NOI.
7. All buffer zones must extend outward from the edge of the application block perimeter equally in all directions. All non-handlers, including field workers, residents, pedestrians, and other bystanders, must be excluded from the Inner, the Chloropicrin/Inner combined, the Chloropicrin and the Chloropicrin/Outer combined buffer zones during the buffer zone period, except vehicular and bicycle traffic.
8. Buffer Zone Reduction credit for the type of tarp used is only allowed for the Chloropicrin Buffer Zone. No other buffer zone reduction credits are allowed.

Buffer Zone Determination

The methyl bromide and chloropicrin buffer zones shall be determined separately.

1. Determine the methyl bromide outer and inner buffer zone distances following the procedure described in "Methyl Bromide Soil Fumigation Buffer Zone Determination, dated 3/13," pages 2-3.
2. Determine the Chloropicrin buffer zone by calculating the chloropicrin broadcast application rate for the chloropicrin portion of the methyl bromide product being used. Round up to the nearest rate and block size when using the required buffer zone table. Based on the tarp type used refer to the appropriate buffer zone table:

Tarp Type & Method	Chloropicrin Buffer Table
TIF (approved 60% reduction tarp) tarp broadcast shank injection	TriClor Fumigant label buffer table and 60% credit (US EPA Registration No. 58266-2-11220)
Non-TIF (unapproved and standard tarps) tarp broadcast shank injection	TriClor Fumigant label buffer table, credits prohibited (US EPA Registration No. 58266-2-11220)

3. Minimum buffer zone distances for chloropicrin, regardless of credits:

TIF Tarps that qualify for a reduction credit of 60%	Non-TIF Tarps that do not qualify for a reduction credit of 60%	
	Application block less than or equal to 6 acres	Greater than 6 acres, up to 40 acres
25 feet	60 feet	100 feet

Buffer Zone Restrictions

<u>If Chloropicrin BZ is:</u>	<u>Buffer Zone Restrictions</u>	<u>Notes</u>
SMALLER than or EQUAL to the methyl bromide Inner Buffer Zone	<u>The Chloropicrin Buffer Zone would not need to be posted.</u>	All of the methyl bromide buffer zone restrictions apply to the respective methyl bromide buffer zones.
LARGER than the methyl bromide Inner Buffer Zone, but SMALLER than the methyl bromide Outer Buffer Zone. There are two buffer zones – a combined Chloropicrin/Inner Buffer Zone and an Outer Buffer Zone.	<u>The combined buffer zone must be posted with Inner Buffer Zone signs.</u> It can only extend into adjoining agricultural properties with written permission, and the Inner Buffer Zone duration applies.	In this case, the chloropicrin buffer zone distance also functions as the Inner Buffer Zone distance. Consequently, both the Chloropicrin Buffer Zone and Inner Buffer Zone restrictions apply. All of the Outer Buffer Zone restrictions apply to the Outer Buffer Zone.
LARGER than the Outer Buffer Zone. There are two buffer zones – an Inner Buffer Zone and a combined Chloropicrin/Outer Buffer Zone.	<u>The combined buffer zone must be posted with methyl bromide buffer zone posting signs (see label).</u> No persons are allowed within the buffer zone except to perform fumigation-handling activities or transit by vehicle or bicycle; and notification is required if there are any properties that contain schools, residences, hospitals, convalescent homes, on-site employee housing or busses within 300 feet of the perimeter of the combined buffer zone.	In this case, the Chloropicrin Buffer Zone distance also functions as the Outer Buffer Zone distance. Consequently, both the Chloropicrin Buffer Zone and Outer Buffer Zone restrictions apply to the combined buffer zone. All of the methyl bromide Inner Buffer Zone restrictions apply to the Inner Buffer Zone. The Inner Buffer Zone only needs to be posted before the tarps are cut (See Buffer Zone Duration below).

Determine if Buffer Zones Overlap

If buffer zones for two or more applications, of any product containing chloropicrin overlap within 36 hours from the time the earlier application is complete until the start of the later application, certain restrictions apply based on the type of tarpaulin used, as shown in the following table.

Restrictions when buffer zones (BZ) overlap within the first 36 hours:

If ...	Then ...
All application blocks use TIF tarps	<ul style="list-style-type: none">• Combined acreage of application blocks shall not exceed 40 acres, and• BZ distance for each block shall be based on individual method, application rate and block acreage, from label table, with 60% credit.
There are multiple application blocks and at least one application block uses non-TIF tarps (application methods and rates may or may not be identical)	<p><u>TIF tarp conditions:</u></p> <ul style="list-style-type: none">• Combined TIF acreage shall not exceed 40 acres, and• BZ distance based on individual method, application rate, and block acreage, from label table, with 60% credit. <p><u>Non-TIF conditions:</u></p> <ul style="list-style-type: none">• Combined non-TIF acreage shall not exceed 40 acres.• BZ distance shall be based on combined acreage of all non-TIF blocks.• BZ distance shall be based on the highest application rate for any block.• Use the buffer table with the largest buffer.

Buffer Zone Duration

1. Inner Buffer Zone and Chloropicrin/Inner Combined

- a. The inner and chloropicrin buffer zone period ends after the tarps have been removed from the application block.
- b. As an alternative, two inner buffer zone periods may be established where the first buffer zone period begins at the start of the application and lasts for a minimum of 48 hours after the application is complete. The second inner buffer zone period begins when the tarps are cut and ends after the tarps have been removed from the application block.
- c. In the case where two inner buffer zone periods are established:
 - i. The buffer zone signs may be removed 48 hours after injection of the fumigant is complete.
 - ii. The buffer zone signs must be re-posted before the tarps are cut.
 - iii. If the inner buffer zone encroaches onto a neighboring agricultural property, re-notification of the neighbor of the second buffer zone must occur at least 48 hours prior to tarp cutting.
 - iv. Specific re-notification must include the date and time of the start of the tarp cutting and anticipated expiration of the buffer zone.
 - v. Buffer zone signs for the second buffer zone period must be removed the same day after tarps are removed.

2. Outer Buffer Zone and Chloropicrin/Outer Combined

- a. To determine the buffer zone duration for the outer buffer zone refer to Table 5B, CCR 6447.3(a)(3).

Inner Buffer Zones (IBZ) and Chloropicrin/Inner Combined Buffer Zones

1. IBZs must not include buildings used for storage (e.g., sheds, barns, garages) unless the storage buildings are not occupied during the buffer zone period and the storage buildings do not share a common wall with an occupied structure.
2. The IBZ shall be at least 30 feet and not include any household (residential and immediate environment, including landscape), industrial, or institutional property; no exceptions.
3. Inner Buffer Zones are not permitted to include bus stops or other locations where persons wait for public transit.
4. The fumigation applicator and the property operator shall assure that no persons are allowed within the IBZ except to transit by vehicle or bicycle or to perform fumigation-handling activities.
5. Non-handlers, including but not limited to fieldworkers, residents, pedestrians, lunch truck personnel and other bystanders shall be excluded from the Inner Buffer Zone during the buffer zone period.
6. Inner Buffer zones must not include publicly owned and/or operated areas such as parks, sidewalks, permanent walking paths, playgrounds and athletic fields unless:
 - a. The area is not occupied during the IBZ period;
 - b. Entry by non-handlers is prohibited during the IBZ period; and
 - c. Written permission to include the public area in the IBZ is granted by the appropriate state and/or local authorities responsible for management and operation of the area.
7. If applicable, the Inner Buffer Zone distance must be based on the combined acreage of the application blocks with overlapping methyl bromide Outer Buffer Zones (see Outer Buffer Zones).
8. Whenever a buffer zone must be posted, the property operator, the PCB and the PCA are all responsible for ensuring the boundary of the buffer zone is posted with appropriate warning signs.

Inner Buffer Zone and Chloropicrin/Inner Combined Posting Requirements

1. The supervising certified applicator shall ensure that the Inner Buffer Zone around the treated field shall be posted with warning signs, no sooner than 24 hours prior to the start of the application.
 - a. The IBZ warning signs shall be placed along the outside perimeter of the Inner Buffer Zone; at all points of entry, corners and at intervals of every 200 feet.
 - b. If multiple contiguous blocks are fumigated within a 14 day period, the entire periphery of the contiguous blocks' Inner Buffer Zones may be posted.
 - c. The Agricultural Commissioner may allow exceptions to posting requirements as specified in the supplemental permit conditions.
2. The property operator shall maintain the posting of the Inner Buffer Zone while it is in effect and remove the signs within 3 days after the end of the Inner Buffer Zone period. If posting multiple contiguous blocks, then the signs must remain posted until the last buffer zone period expires. The signs must be removed within 3 days after the buffer zone period for the last block has expired.
3. The signs must be maintained so that they are upright, visible and legible from a distance of 25 feet during the entire posting period(s).

4. All IBZs must be posted whether they exist on the property under the control of the fumigating operator or on an adjoining agricultural property.
5. Unless there is a physical barrier that prevents bystander access to the Inner and Chloropicrin/Inner combined buffer zones, inner buffer zone signs must also be placed along or outside the perimeter of the Inner and Chloropicrin/Inner combined buffer zones, at all usual points of entry, and along likely routes of approach from areas where people *may* approach the buffer zone. The Agricultural Commissioner may allow exceptions to posting requirements as specified in the supplemental permit conditions.
6. IBZ signs must be posted before the fumigation begins; and before the tarp is cut unless the IBZ signs that were posted before fumigation began were left up until tarp removal was completed. In the event that the Chloropicrin Buffer Zone is larger than the Outer Buffer Zone (combined Chloropicrin/Outer Buffer Zone), the Inner Buffer Zone only needs to be posted before the tarps are cut (see Buffer Zone Duration above).
7. The property operator must remove signs within 3 days (72 hours) after the expiration of the initial buffer zone period. Buffer zone signs for the second buffer zone period must be removed the same day after tarps are removed.
8. The certified applicator supervising the application is responsible for maintaining these signs until the end of the application.
9. After the application, the operator of the treated property shall assure all warning signs remain legible and visible for the remainder of the IBZ period.

Chloropicrin/Outer Buffer Zone Combined Posting Requirements

1. If the chloropicrin buffer zone is equal to or larger than methyl bromide outer buffer zone, warning signs shall be placed along the outside perimeter of the chloropicrin buffer zone; at all points of entry, corners and at intervals of every 200 feet.
2. The responsibility for posting and maintenance of these warning signs is required as stated in the section above for the Inner Buffer Zone and Chloropicrin/Inner Combined Posting Requirements
3. The Agricultural Commissioner may allow exceptions to posting requirements as specified in the supplemental permit conditions.

Outer Buffer Zones (OBZ) and Chloropicrin/Outer Combined Buffer Zones

1. All OBZs shall be a minimum of 100 feet (exception: see Department of Pesticide Regulation's "Methyl Bromide Field Soil Fumigation Buffer Zone Determination, Rev. 3/13" – Table 3).
2. Outer Buffer Zones cannot overlap unless a minimum of 12 hours elapses from the time the earlier application(s) is complete until the start of the later application.
3. If at least 12, but less than 36 hours elapse from the time the earlier application(s) is complete until the start of the later application, the buffer zone distances must be recalculated based on the combined acreage of the overlapping application block(s).
4. The operator of the property to be treated shall assure that no persons are allowed within the OBZ except to transit by vehicle or bicycle, perform fumigation-handling activities, and commissioner-approved activities.
5. Outer Buffer Zones must not include residential areas (e.g., employee housing, private property), buildings (e.g., commercial, industrial), outdoor residential areas (e.g., lawns, gardens, play areas) and other areas that people may occupy, UNLESS the occupants provide written agreement prior to the application that they will voluntarily vacate the buffer zone during the entire buffer zone period, and reentry by occupants and other non-handlers must not occur until the buffer zone period has ended.
6. Outer Buffer Zones must not include publicly owned and/or operated areas such as parks, sidewalks, permanent walking paths, playgrounds and athletic fields unless:
 - a. The area is not occupied during the OBZ period;
 - b. Entry by non-handlers is prohibited during the OBZ period; and
 - c. Written permission to include the public area in the OBZ is granted by the appropriate state and/or local authorities responsible for management and operation of the area.
7. In no instance shall persons be allowed within the OBZ for more than 12 hours in a 24-hour period. This does not apply to the Chloropicrin/Outer Combined Buffer Zone.
8. The OBZ shall not extend into properties that contain schools, convalescent homes, hospitals, and other similar sites determined by the commissioner.
9. The boundary of the Chloropicrin/Outer combined buffer zone must be posted with warning signs according to the product label of the methyl bromide fumigant being used.
10. The property operator must remove the signs within 3 days (72 hours) after the expiration of the buffer zone period.

Exposure Records

1. Exposure records shall be kept for all employees involved in application, aeration and tarp repair/ removal.
2. The records shall identify the person, date, work activity and duration, pesticide brand name and EPA Registration Number.
3. These records shall be maintained at a central location for 2 years [CCR §6784(b)(1)].
4. Employees who are supervisors, applicators, copilots, and shovelers, persons performing tarp repair, and aeration activities prior to the completion of aeration are considered pesticide handlers.

5. Employers are required to comply with all worker safety regulations covering pesticide handlers, including but not limited to: pesticide safety training, hazard communication, decontamination facilities, emergency medical care posting and personal protective equipment.

Fumigant Treated Area (Warning) Signs

1. Prior to the beginning of the application but no sooner than 24 hours prior to the application, the applicator shall assure that Fumigant Treated Area signs are posted on each block to be fumigated.
2. The signs shall be posted at the corners of the fumigated field and at intervals not exceeding 600 feet and in accordance with CCR 6776(d).
3. The applicator is responsible for maintaining these signs until the end of the application.
4. After the application, the property operator shall assure all Fumigant Treated Area signs remain legible and visible and remove the signs within 3 days of the expiration of the Entry Restricted Period.

Additional Conditions for Sensitive Sites

- ☐ Neighbor notification of the application
- ☐ Site monitoring required during the buffer zone duration
- ☐ Acreage limited to _____ acres per day
- ☐ Buffer zones(s) to occupied structures is increased to _____ feet
- ☐ Other Conditions

SUBMIT THE FOLLOWING DOCUMENTS:

- **NINE DAYS BEFORE THE APPLICATION** (7 days prior to submitting a Notice of Intent)
 1. **THE WORKSITE PLAN** and other documents shall be submitted simultaneously by the property operator, the authorized representative, or the pest control business:
 - A. ☐ **WORKSITE PLAN WORKSHEET** (page 14)
 - B. ☐ **MAP**
 - C. ☐ **FUMIGATION NOTIFICATION FORM** pages 15 and 16)
 - D. ☐ **TARP REPAIR & RESPONSE PLAN** (page 26)
 - E. ☐ **TARP MANAGEMENT PLAN** (page 27)
 2. **OTHER DOCUMENTS:**
 - A. **WORK HOUR CALCULATION SHEET** (page 19)
 - B. ☐ **NOTIFICATION LOG** (page 17)
 - C. ☐ **WRITTEN PERMISSION** (pages 20-24) from adjoining property operators, if buffer zone extends onto their property
 - D. ☐ **BUFFER ZONE VACATING AGREEMENT** (page 25), if the residence is within ANY buffer zone and the homeowner/resident has to leave during the fumigation
- **TWO DAYS BEFORE THE APPLICATION:**
 - A. **NOTICE OF INTENT**
 - B. **RECOMMENDATION** (if the application is to be done by a PCB)
 - C. **UPDATED NOTIFICATION LOG** (cross-referenced to map)

RESTRICTED MATERIALS PERMIT CONDITION #6

METHYL BROMIDE SOIL FUMIGATION

This permit condition is for Permittee: _____ Site: _____

Issued DPR Buffer Zone Table version date: _____ N/A ____

Permittee _____ Date _____

Issuing Officer _____ Date _____

SAN LUIS OBISPO COUNTY
AGRICULTURAL COMMISSIONER'S OFFICE
The Work Site Plan must be submitted and approved prior to obtaining a permit.
METHYL BROMIDE WORKSITE PLAN WORKSHEET

Use this form for determining your Worksite Plan for your methyl bromide application. You must fill in all applicable spaces and submit a map showing all fumigation blocks, buffer zones and surrounding areas at least 300' beyond the Outer Buffer Zone. If information is omitted, the Worksite Plan will be denied. The Worksite Plan must be submitted and approved prior to obtaining a permit. If you require assistance with this form, please contact your local Agricultural Commissioner office.

Grower Name / Property Operator:		Property Operator Address:		Property Operator Phone Number:	
Grower Onsite Contact:		Onsite Contact Cell Phone:		Permit Number:	
Pest Control Business / Address:			Business Contact Name		Business Contact Phone:
MBr Formulation (%age):	Application Rate (lbs/acre):	Emission Rate:	Application Method: (3)(B)1	FFM Code: 1103	Emission Ratio: 0.25
EPA Reg. No.	Type of Tarp:	Commodity:	Total Acres Fumigated:	Site ID:	

Please summarize your fumigation (you may use additional forms to show your fumigation schedule)

DAY ¹	DATE ¹ (Optional)	START TIME	ACRES	INNER BUFFER ZONE	OUTER BUFFER ZONE	PIC BUFFER ZONE	OVERLAPPING BUFFER ZONE < 36 hrs Apart	NOTIFICATION REQUIRED (OUTER or PIC BUFFER ZONE + 300 FEET)	STRUCTURES REQUIRE VACATING
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

¹ Indicate the day (e.g. Day 1, 3, 5) for the fumigation sequence. Calendar dates may be used (e.g. Oct 1, 3, 5), if known.

Neighbor Notification: N/A ☐ Yes - 4-week fumigation window (earliest – latest): _____

Submitted by: _____ Date: _____

Reviewed by: _____ Date: _____ Verified by _____ Date: _____

Permit Supplement Issued by: _____ Date: _____

Approved ☐

Denied ☐

Do Not Submit Without the Following Attachments: _____ Map _____ Notification Form _____ Notification Log _____ Tarp Repair Response Plan

_____ Tarp Management Plan _____ Work Hours Calculation Sheet _____ Written Permissions for Buffer Zones N/A ☐ _____ Vacating Agreements N/A ☐

Methyl Bromide Fumigation Notification

You have received this notice because your property is in an area that requires notification that a farmer near you will be applying a soil fumigant. This notice is to be delivered to you at least 9 days prior to the earliest fumigation date indicated below.

You may request specific notification about the exact date and time of the fumigation by calling the property operator's number below and giving/leaving your name, address and telephone number. This specific fumigation notification shall be provided to you 48 hours prior to starting the fumigation. If you request information within 48 hours of the beginning of the fumigation, you can still receive the specific information.

Date this notice was delivered: _____

Fumigating Property Operator (Grower), Address, Phone: _____

Fumigation Company (Applicator) Contact Person, Address, Phone: _____

To request more information about this farmer's fumigation(s) please contact:

Name: _____ at (805) _____

Location of the Application Blocks: _____ Fumigant Active Ingredient: methyl bromide

Fumigant Brand Name _____ EPA Registration Number _____

The earliest and latest dates in which the fumigation is planned to take place (*must not range more than 4 weeks*):

Earliest: _____ Latest: _____

Early signs and symptoms of exposure to the fumigant(s) applied: _____

What you should do in an emergency: _____

Emergency Response Phone Number: 911

You can find additional information about fumigants by going to the following websites:

USEPA Soil Fumigant Toolbox: http://www.epa.gov/pesticides/reregistration/soil_fumigants

California Dept. of Pesticide Regulation: http://www.cdpr.ca.gov/docs/emon/methbrom/mb_main.htm

For information about the **permit** that has been issued to this farmer, please call the **San Luis Obispo County Agricultural Commissioner's Office** at:

810 W. Branch St.
Arroyo Grande, 93420
(805) 473-7090

2156 Sierra Way, Suite A
San Luis Obispo, 93401
(805) 781-5910

350 N. Main St.
Templeton, 93465
(805) 434-5950

Forma para Notificación General
Para distribución manual solamente
Notificación de Fumigación para Bromuro de Metilo

Usted ha recibido este aviso porque su propiedad está en un área que requiere notificación de que un agricultor cercano a usted va a aplicar un fumigante de suelo. Este aviso requiere que le sea dado por lo menos con 9 días antes de que se haga la primera fumigación, la cuál es indicada abajo.

Además, usted puede solicitar notificación específica acerca de la fecha y hora exacta de la fumigación llamando al teléfono del operador de la propiedad que aparece abajo. Usted necesita dar su nombre, dirección y número de teléfono. Si nadie contesta, deje un mensaje proveyendo su nombre, dirección y número de teléfono. Esta información va a ser proveída a usted 48 horas antes del inicio de la fumigación si usted la solicita con suficiente tiempo (48 horas ó más) de anticipación.

Fecha en que este aviso fue entregado: _____

Dirección y Número de Teléfono del Operador de la Propiedad que se va a Fumigar:

Persona de Contacto: _____ Teléfono: _____

Dirección: _____

Para información adicional acerca de la fumigación de este agricultor, por favor contacte a:

Nombre: _____ al () _____

Localización de los bloques a fumigarse: _____

Ingrediente Activo del Fumigante: ____Bromuro de Metilo_____

Marca del Fumigante _____ Número de Registración de EPA _____

La primera fecha y última fecha de la fumigación:

Primera fecha: _____ Ultima fecha: _____

Primeros síntomas y señales de exposición al fumigante(s) aplicado(s):

Que debería hacer en una emergencia: _____

What you should do in an emergency: _____

Teléfono de Respuesta en Caso de Emergencia: 911

Usted puede encontrar información adicional acerca de fumigantes en las páginas de internet que se muestran a continuación.

USEPA Soil Fumigant Toolbox: http://www.epa.gov/pesticides/reregistration/soil_fumigants

California Dept. of Pesticide Regulation: http://www.cdpr.ca.gov/docs/emon/methbrom/mb_main.htm

Para información acerca del permiso que se ha expedido a este agricultor, por favor llame al Comisionado de Agricultura del Condado de San Luis Obispo.

810 W. Branch St.
Arroyo Grande, 93420
(805) 473-7090

2156 Sierra Way, Suite A
San Luis Obispo, 93401
(805) 781-5910

350 N. Main St.
Templeton, 93465
(805) 434-5950

SAN LUIS OBISPO COUNTY

METHYL BROMIDE NOTIFICATION LOG

List the properties that received Initial Notification and properties or persons from whom you will need to obtain buffer zone permission or vacating agreements. (If Specific Notification is required, submit this form w/ NOI.)

FUMIGATING PROPERTY OPERATOR: _____ Site ID: _____

Four-week fumigation window (earliest – latest): _____

Number on Map	Address of Location Description (Name and Phone if available)	Date of Initial Notification	Method of Initial Notification	Buffer Zone Permission or Vacating Agreement Required (if checked, then Specific Notification is required)	Specific Notification Requested / Required		Date of Specific Notification	Method of Specific Notification
					Y	N		
1				<input type="checkbox"/> Inner or Inner/Pic <input type="checkbox"/> Outer <input type="checkbox"/> Outer/Pic <input type="checkbox"/> Vacating	<input type="checkbox"/>	<input type="checkbox"/>		
2				<input type="checkbox"/> Inner or Inner/Pic <input type="checkbox"/> Outer <input type="checkbox"/> Outer/Pic <input type="checkbox"/> Vacating	<input type="checkbox"/>	<input type="checkbox"/>		
3				<input type="checkbox"/> Inner or Inner/Pic <input type="checkbox"/> Outer <input type="checkbox"/> Outer/Pic <input type="checkbox"/> Vacating	<input type="checkbox"/>	<input type="checkbox"/>		
4				<input type="checkbox"/> Inner or Inner/Pic <input type="checkbox"/> Outer <input type="checkbox"/> Outer/Pic <input type="checkbox"/> Vacating	<input type="checkbox"/>	<input type="checkbox"/>		
5				<input type="checkbox"/> Inner or Inner/Pic <input type="checkbox"/> Outer <input type="checkbox"/> Outer/Pic <input type="checkbox"/> Vacating	<input type="checkbox"/>	<input type="checkbox"/>		
6				<input type="checkbox"/> Inner or Inner/Pic <input type="checkbox"/> Outer <input type="checkbox"/> Outer/Pic <input type="checkbox"/> Vacating	<input type="checkbox"/>	<input type="checkbox"/>		
7				<input type="checkbox"/> Inner or Inner/Pic <input type="checkbox"/> Outer <input type="checkbox"/> Outer/Pic <input type="checkbox"/> Vacating	<input type="checkbox"/>	<input type="checkbox"/>		

Fumigation Handling Activities. No employee may work in excess of the hours listed in Tables A or B. Employee-hour restrictions must be followed during the entire injection through the end of the restricted entry period. An employee may work in more than one work task and/or fumigation method in a 24 hour period, as long as the employee's total work hours do not exceed the lowest total hours specified in the tables below for any one work task or fumigation method performed.

***Employees must wear the respiratory protection for the entire time they are inside the Inner Buffer Zone. When determining an employee's work hours, use one of the Tables A or B. Employees shall not switch between different respiratory protection and work hour requirements for 30 days.

Maximum Work Hours: An employee may work without work hour restriction if a full-face respirator is worn during the entire time the employee is inside the Inner Buffer Zone.

Table A: Maximum Work Hours when working more than 3 days in a calendar month w/ a ½ face respirator. See the superscript for provisions for working more than 3 days a month without a respirator.

Fumigation Method/Activities	Max Work Hrs. in 24 Hrs w/1/2 Face Respirator	Max App. Rate (active ingredient)
TARP/ BROADCAST (DEEP OR SHALLOW)		400 lbs.
Tractor Equip. Driving	7 [†]	
Shoveling, Copiloting, Supervising	3 [†]	
Tarp Cutting	10 ¹	
Tarp Removal	no limitation ²	

(Note: Methods not used in San Luis Obispo County are not included on this table. Please see CCR §6447.3 for a complete list of Methyl Bromide Fumigation Methods.)

¹ Exception: An employee may perform this activity without a ½ face respirator for 1 hour a day. That may be increased according to the formula (see below) when using less than the maximum rate.

² Exception: An employee may perform this activity without a ½ face respirator for 3 hours a day. That may be increased according to the formula (see below) when using less than the maximum rate.

Table B: Maximum Work Hours when working 3 days or less per calendar month without using a respirator.

Fumigation Method/Activities	Max Work Hrs. in 24 Hrs w/o Respirators	Max App. Rate (active ingredient)
TARP/ BROADCAST (DEEP OR SHALLOW)		400 lbs.
Tractor Equip. Driving	4 [†]	
Shoveling, Copiloting, Supervising	3 [†]	
Tarp Cutting	4 ¹	
Tarp Removal	7	

[†] If the actual methyl bromide application rate is less than the maximum application rate shown in either **Table A** or **Table B** for the particular fumigation method used, the maximum work hours may be increased in accordance with the following formula:

$$\frac{\text{Maximum application rate}}{\text{Application MBr A.I. rate}^*} \times \text{Maximum work hours} = \text{Revised work hours}$$

(in a 24-hour period) (in a 24-hour period)

- To calculate the Application MBr A.I. (active ingredient) rate, use the following formula:

Application Rate of Product (MBr + pic) x Percentage (expressed as a decimal) of MBr in product
 (For example: 212 pounds/ac of 67/33 x 0.67 = 142 pounds of actual MBr applied per acre)

Work Hours Calculation Sheet

Record the information for your fumigation below:

Will the Pest Control Business employees be working more than 3 days in the calendar month? Yes ☐ No ☐

Will the Grower employees be working more than 3 days in the calendar month? ☐ ☐

Check which respiratory protection your employees will be using for the specified handling activity:

<u>PEST CONTROL BUSINESS EMPLOYEES</u>						
Task	Hours Allowed	Respiratory Protection Used			Any Adjustments (Calculations)	Adjusted Hours Allowed
		None	Half Face	Full Face		
Pilot/Applicator						
Copilot						
Supervisor						
Shoveler						
Tarp Cutting						
Tarp Removing						
<u>GROWER EMPLOYEES</u>						
Task	Hours Allowed	Respiratory Protection Used			Any Adjustments (Calculations)	Adjusted Hours Allowed
		None	Half Face	Full Face		
Pilot/Applicator						
Copilot						
Supervisor						
Shoveler						
Tarp Cutting						
Tarp Removing						

Permission for Methyl Bromide INNER OR CHLOROPICRIN/INNER BUFFER ZONE to Extend onto Adjoining Property

Number on Map: _____

I understand that the fumigating permittee will notify me, at least 48 hours before the start of each inner buffer zone period, of the specific date and time of the start of the fumigation; which areas of my property are affected and the date and time of the anticipated expiration of the buffer zone. If the application utilizes 60% buffer zone reduction tarp, there may be two separate buffer zone periods and the property operator is responsible to let you know when the buffer zone periods are in effect.

I give my permission for the **INNER** Buffer Zone of _____'s (fumigating permittee) fumigation to extend onto my property.

I agree to the following:

1. I will allow signs to be placed on my property at all usual points of entry, along likely routes of approach from areas where people not under the fumigating property owner's control may approach the buffer zone, and along the Inner Buffer Zone boundaries at intervals not to exceed 200 feet.
2. I will notify any employees before they begin work activity on the property that an inner buffer zone has been established on my property. I will inform them of the specific date and time of the start of each buffer zone period; the anticipated expiration of the buffer zone; symptoms of sensory irritation; and steps to take if anyone experiences symptoms of sensory irritation. I understand this includes notifying employees of a farm labor contractor working on my property and other persons likely to enter.
3. I will be responsible to make sure that **no one** is allowed in the inner buffer zone on my property.
4. I understand and will inform my employees that if at any time sensory irritation is observed by any person in the vicinity, my employees must evacuate the area and I will inform the fumigating permittee.
5. I understand I can notify employees of a Farm Labor Contractor (FLC) or Pest Control Business (PCB) by giving written notice (containing the information in 2. above) to the FLC or PCB. I must inform the FLC or PCB that they are required to give the notice to their employees.

I understand that I am not obligated to give my permission. I acknowledge that the Agricultural Commissioner's office may take an enforcement action against me and/or my business for violation of the conditions of the fumigating property operator's restricted material permit if I fail to keep people out of the Inner Buffer Zone as agreed.

I acknowledge that I have read and understand these requirements and agree to comply with them.

Adjacent Property Operator _____ Ranch Name _____
Print Name

Adjacent Property Operator _____ Date _____
Signature

Adjacent Property Location _____

Adjacent Property Onsite Supervisor Name & Phone Number:

Permiso para extender la ZONA DE AMORTIGUAMIENTO INTERNA de Bromuro de Metilo o cloropicrina en una propiedad contigua.

Número en el Mapa: _____

Yo entiendo que el fumigador autorizado me notificara, por lo menos 48 horas antes del comienzo de cada periodo de amortiguamiento interno, de la fecha y tiempo específicos del comienzo de la fumigación; cuales áreas de mi propiedad son afectadas y el tiempo y fecha de expiración anticipada de la zona de amortiguamiento. Si la aplicación utiliza lona de reducción de 60% de la zona de amortiguamiento, es posible que haya dos periodos de zona de amortiguamiento separados y el operador de la propiedad es responsable de notificar cuándo entran en efecto los periodos de zona de amortiguamiento.

Yo doy mi permiso para que la Zona de Amortiguamiento INTERNA de fumigación _____
_____ (fumigador autorizado) se extienda en mi propiedad.

Yo estoy de acuerdo en lo siguiente:

1. Yo permitiré que letreros sean puestos en mi propiedad en todos los puntos usuales de entrada, a lo largo de posibles rutas de acercamiento desde áreas donde gente que no está bajo el control del dueño de la propiedad fumigada pueda acercarse a la zona de amortiguamiento, y a lo largo de los límites de la zona de amortiguamiento interna a intervalos no mayor de 200 pies.
2. Yo notificare a cualquier empleado o empleados antes de que comiencen actividad de trabajo en la propiedad que se haya establecido una zona de amortiguamiento interna. Yo les informare de la fecha y tiempo específicos del comienzo de cada periodo de zona de amortiguamiento; la expiración anticipada de la zona de amortiguamiento; síntomas de irritación sensorial; y pasos a seguir si alguien experimenta síntomas de irritación sensorial. Yo entiendo que esto incluye notificar a empleados de contratistas de trabajadores agrícolas que trabajen en mi propiedad y otras personas con probabilidad de entrar.
3. Yo seré responsable de asegurarme de que **nadie** sea permitido en la zona de amortiguamiento interna en mi propiedad.
4. Yo entiendo e informare a mis empleados que si en cualquier momento se observa irritación sensorial por cualquier persona en la vecindad, mis empleados deben de evacuar el área, y yo le informare al fumigador autorizado.
5. Yo entiendo que puedo notificar a empleados de un Contratista de Trabajadores Agrícolas (CTA) o Negocio de Control de Plagas (NCP) dándoles notificación por escrito (incluyendo la información en el número 2. de arriba) al CTA o al NCP. Yo debo de informar al CTA o al NCP que se requiere que ellos den el aviso a sus empleados.

Yo entiendo que no estoy obligado a dar mi permiso. Yo reconozco que la oficina del Comisionado Agrícola puede hacer cumplir las leyes y tomar acción en contra mía y/o de mi negocio por violación de las condiciones del permiso de materiales restringidos del operador fumigador de la propiedad, si fallo a mantener gente fuera de la zona de amortiguamiento interna como acordado.

Yo reconozco que he leído y entiendo estos requisitos y estoy de acuerdo en cumplirlos.

Operador de la Propiedad Contigua: _____ Letra de molde
Nombre del Rancho _____

Operador de la Propiedad Contigua: _____ Firma
Fecha _____

Dirección de la Propiedad Contigua: _____

Nombre & Número de teléfono del Supervisor de sitio que trabaja en la Propiedad Contigua: _____

Permission for Methyl Bromide OUTER BUFFER ZONE to Extend onto Adjoining Property

Number on Map: _____

The Outer Buffer Zone may extend into other properties with permission from the property operators. The Outer Buffer Zone cannot contain occupied houses nor extend onto properties that have schools, convalescent homes, hospitals or other similar sites identified by the commissioner. The Outer Buffer Zone shall be in effect for 48 hours after the application is complete.

I understand that the fumigating permittee will notify me, at least 48 hours before the start of the fumigation, of the specific date and time of the start of the fumigation; which areas of my property are affected and the date and time of the anticipated expiration of the buffer zone.

I give my permission for the **OUTER** Buffer Zone of _____'s (fumigating permittee) fumigation to extend onto my property.

I agree to the following:

1. I will be responsible to keep all persons out of the buffer zone except to transit by vehicle or bicycle or to perform the following activities: _____.
I agree that none of these activities will last for more than 12 hours in any 24 hour period.
2. I will notify any employees before they begin work activity on the property that a buffer zone has been established on my property. I will inform them of the specific date and time of the start of the buffer zone period; the anticipated expiration of the buffer zone; symptoms of sensory irritation; and steps to take if anyone experiences symptoms of sensory irritation. I understand this includes notifying employees of a farm labor contractor working on my property and other persons likely to enter.
3. I understand and will inform my employees that if at any time sensory irritation is observed by any person in the vicinity, my employees must evacuate the area and I will notify the fumigating permittee.
4. I understand I can notify employees of a Farm Labor Contractor (FLC) or Pest Control Business (PCB) by giving written notice (containing the information in 2. above) to the FLC or PCB. I must inform the FLC or PCB that they are required to give the notice to their employees.

I understand that I am not obligated to give my permission. I acknowledge that the Agricultural Commissioner's office may take an enforcement action against me and/or my business for violation of the conditions of the fumigating property operator's restricted material permit if I fail to keep people out of the Outer Buffer Zone as agreed.

I acknowledge that I have read and understand these requirements and agree to comply with them.

Adjacent Property Operator _____ Ranch _____

Print Name

Adjacent Property Operator _____ Date _____

Signature

Adjacent Property Location _____

Adjacent Property Onsite Supervisor Name & Phone Number:

Permiso para extender la ZONA DE AMORTIGUAMIENTO EXTERNA de Bromuro de Metilo

Número en el Mapa: _____

La Zona De Amortiguamiento Externa puede extenderse a otras propiedades con el permiso de los operadores de esas propiedades. La Zona de Amortiguamiento Externa no puede contener casas habitadas, ni extenderse a propiedades que tengan escuelas, hogares convalecientes, hospitales, u otros sitios similares identificados por el Comisionado de Agricultura. La zona de amortiguamiento externa deberá estar en efecto por 48 horas después de que la aplicación este completa

Yo entiendo que el fumigador autorizado me notificara, por lo menos 48 horas antes del comienzo de la fumigación, del tiempo y la fecha específicos del comienzo de la fumigación; cuales áreas de mi propiedad son afectadas y el tiempo y fecha de expiración anticipada de la zona de amortiguamiento.

Yo doy mi permiso para que la Zona de Amortiguamiento EXTERNA de la fumigación de _____
_____ (fumigador autorizado) sea extendida en mi propiedad.

Yo estoy de acuerdo en lo siguiente:

1. Yo seré responsable por mantener a todas las personas fuera de la zona de amortiguamiento excepto al tránsito de vehículos o bicicletas ó para realizar las siguientes actividades: _____
Yo estoy de acuerdo que ninguna de estas actividades durará más de 12 horas en un periodo de 24 horas.
2. Yo notificare a cualquier empleado o empleados antes de que comiencen actividad de trabajo en la propiedad que se haya establecido una zona de amortiguamiento. Yo les informare de la fecha y tiempo específicos del comienzo de cada periodo de zona de amortiguamiento; la expiración anticipada de la zona de amortiguamiento; síntomas de irritación sensorial; y pasos a seguir si alguien experimenta síntomas de irritación sensorial.
Yo entiendo que esto incluye notificar a empleados de contratistas de trabajadores agrícolas que trabajen en mi propiedad y otras personas con probabilidad de entrar.
3. Yo entiendo e informare a mis empleados que si en cualquier momento se observa irritación sensorial por cualquier persona en la vecindad, mis empleados deben de evacuar el área, y yo notificare al fumigador autorizado.
4. Yo entiendo que puedo notificar a empleados de un contratista de trabajadores agrícolas (CTA) o negocio de control de plagas (NCP) dándoles notificación por escrito (conteniendo la información en el número dos de arriba) al CTA o al NCP. Yo debo de informar al CTA o al NCP que se requiere que ellos den el aviso a sus empleados.

Yo entiendo que no estoy obligado a dar mi permiso. Yo reconozco que la oficina del Comisionado Agrícola puede hacer cumplir las leyes y tomar acción en mi contra y/o de mi negocio por violación de las condiciones del permiso de materiales restringidos del operador fumigador de la propiedad, si fallo a mantener gente fuera de la zona de amortiguamiento interna como acordado.

Yo reconozco que he leído y entiendo estos requisitos y estoy de acuerdo en cumplirlos.

Operador de la Propiedad Contigua: _____ Nombre del Rancho _____

Letra de molde

Operador de la Propiedad Contigua: Firma _____ Fecha _____

Dirección de la Propiedad Contigua: _____

Nombre & Número de teléfono del Supervisor de sitio que trabaja en la Propiedad Contigua: _____

Permission for Methyl Bromide CHLOROPICRIN/ OUTER BUFFER ZONE to Extend onto Adjoining Property

Number on Map: _____

CHLOROPICRIN/OUTER BUFFER ZONE The buffer zone may extend into other properties with permission from the property operators. The buffer zone cannot contain occupied houses nor extend onto properties that have schools, convalescent homes, hospitals or other similar sites identified by the commissioner. The buffer zone shall be in effect for 48 hours after the application is complete.

I understand that the fumigating permittee will notify me, at least 48 hours before the start of the fumigation, of the specific date and time of the start of the fumigation; which areas of my property are affected and the date and time of the anticipated expiration of the buffer zone.

I give my permission for the buffer zone of _____'s (fumigating permittee) fumigation to extend onto my property.

I agree to the following:

1. I will allow signs to be placed on my property at all usual points of entry, along likely routes of approach from areas where people not under the fumigating property owner's control may approach the buffer zone, and along the buffer zone boundaries at intervals not to exceed 200 feet.
2. I will notify any employees before they begin work activity on the property that a buffer zone has been established on my property. I will inform them of the specific date and time of the start of the buffer zone period; the anticipated expiration of the buffer zone; symptoms of sensory irritation; and steps to take if anyone experiences symptoms of sensory irritation. I understand this includes notifying employees of a farm labor contractor working on my property and other persons likely to enter.
3. I understand and will inform my employees that if at any time sensory irritation is observed by any person in the vicinity, my employees must evacuate the area and I will notify the fumigating permittee.
4. I understand I can notify employees of a Farm Labor Contractor (FLC) or Pest Control Business (PCB) by giving written notice (containing the information in 2. above) to the FLC or PCB. I must inform the FLC or PCB that they are required to give the notice to their employees.

I understand that I am not obligated to give my permission. I acknowledge that the Agricultural Commissioner's office may take an enforcement action against me and/or my business for violation of the conditions of the fumigating property operator's restricted material permit if I fail to keep people out of the buffer zone as agreed.

I acknowledge that I have read and understand these requirements and agree to comply with them.

Adjacent Property Operator _____ Ranch _____

Print Name

Adjacent Property Operator _____ Date _____

Signature

Adjacent Property Location _____

Adjacent Property Onsite Supervisor Name & Phone Number: _____

**SAN LUIS OBISPO COUNTY
BUFFER ZONE VACATING AGREEMENT**

Number on Map: _____

The operator of the farming property is responsible to keep a buffer zone free of occupied structures around the fumigant applications listed below. Your home/business lies within the proposed buffer zone, and the grower/fumigator is requesting that you vacate for the indicated length of time. If you do not agree to vacate, the grower/fumigator will adjust the fumigation plan so that your home/business will not be in the buffer zone.

Due to scheduling details and field conditions, the exact date of the application may change. The grower (or their representative) shall notify you at least 48 hours in advance of the starting date and time of the application and the anticipated expiration of the buffer zone. **If the fumigation does not begin as scheduled, you will be re-notified.**

Name of fumigant permit holder (grower) _____

Name of person providing vacating agreement (print) _____

Signature of person providing vacating agreement _____

Address (or location) of home/business to be vacated _____

If you agree, your home/business will be within the buffer zone, starting between (earliest date) _____ and (latest date) _____ (dates must not range more than 4 weeks).

I voluntarily agree to move out of my home/business **1) during the fumigation and 2) to remain out for (check one) ☐ 48 hours ☐ 60 hours after the completion of the application.**

I acknowledge that a fine may be levied against me and/or my business if I fail to vacate my premises as agreed. I have read and understand these requirements and agree to comply with them.

Name: (print) _____ Date: _____

Name: (sign) _____ Phone Number: _____

Name: (print) _____ Date: _____

Name: (sign) _____ Phone Number: _____

***All information must be complete and correct.
An incomplete or incorrect Vacating Agreement may delay the application.***

Methyl Bromide Tarp Repair Response Plan Broadcast Applications

This worksheet must be completed and becomes a condition of your methyl bromide permit. The operator of the property shall maintain this tarpaulin repair response plan.

During the fumigation injection, the tarp will be repaired by:

Name of Company and person

Certification

Phone

Tears in the tarp that occur after fumigant injection must be repaired in accordance with the specific plan stated below.
After the fumigation injection, the tarp will be repaired by:

Name of Company and person

Certification

Phone

The field will be monitored for problems or damage **DURING THE FIRST 24 HOURS:**

- ☐ Hourly ☐ Every four hours ☐ Other _____
- ☐ Every two hours ☐ Every six hours

Testing Device type used to measure air concentrations: _____. If you do not own a testing device, you must obtain the use of one before fumigation begins.

Decisions for repairing the tarp will be made by a certified applicator permittee/employee and the PCB, and will be based on the hazard to the public, residents or workers, the proximity to occupied structures, the size of the damaged area, the timing of the damage, the feasibility of repair, and environmental factors such as wind speed and direction.

Evidence of excessive gas escaping or about to escape from the tarp includes:

- A hole or rip in the tarp: During the first 24 hours, a hole or tear in the tarp that is larger than 6 inches, and is within 100 feet of a property containing an occupied residence will be immediately reported. After the first 24 hours and until the tarp is cut and removed, any damage larger than 6 feet will be reported.
- Complaints from neighbors that are experiencing symptoms of gas exposure: All complaints will be immediately reported to the Agricultural Commissioner.
- Property operator or their employees experiencing any symptoms: All symptoms must be immediately reported to the Agricultural Commissioner.

REPORTING:

Any evidence of excessive gas escaping, or about to escape from the tarp, will be immediately evaluated and immediately reported to both the PCA (by calling active 24/7 number: _____) and the San Luis Obispo County Agricultural Commissioner's Office, by calling Arroyo Grande (805) 473-7090 or San Luis Obispo (805) 781-5910.

Tarp Management Plans

Broadcast Method Tarp Removal Plan

As part of the plan, tarps must not be perforated until a minimum of 5 days (120 hours) have elapsed after the application is complete. Tarps that qualify for a reduction in buffer zone distance must not be perforated until a minimum of 9 days (216 hours) have elapsed after the application is complete, unless a weather condition necessitates early tarp perforation or removal as specified by the label. Only mechanical methods, such as an all-terrain vehicle or a tractor with a cutting wheel, shall be used; each panel shall be perforated lengthwise. Employees must not be allowed to use hand-tools, such as shovels or knives, to perforate the tarpaulins. Tarp perforation must be completed before noon. The work hours for employees perforating and removing tarps are limited. (See Work Hours Calculation and Tables A and B). The fumigating property operator is responsible for the fumigated ground after the injection is completed, until the Entry Restricted Period is over.

TARP REMOVAL:

The tarp will be removed according to the conditions and regulations by:

☐ Tarp Removal Company Name: _____

Contact person: _____ Phone No: _____

☐ Grower and Grower's Employees ☐ Other: _____

Method or Equipment Used to Perforate Tarps: _____

STANDARD TARPS:

Tarp Perforation & Removal (check one):

☐ Tarps will be both perforated and removed more than 14 days after application

Entry Restricted Period: _____

☐ Tarps will be perforated at a minimum of 5 days; removed more than 14 days after application

Entry Restricted Period: _____

☐ Tarps will be perforated at a minimum of 5 days; removed less than 14 days after application

Entry Restricted Period: _____

TARPS THAT QUALIFY FOR A REDUCTION IN BUFFER ZONE DISTANCE:

Tarp Perforation & Removal (check one):

☐ Tarps will be both perforated and removed more than 14 days after application

Entry Restricted Period: _____

☐ Tarps will be perforated at a minimum of 9 days; removed more than 14 days after application

Entry Restricted Period: _____

☐ Tarps will be perforated at a minimum of 9 days; removed less than 14 days after application

Entry Restricted Period: _____

TABLE 2

OUTER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION,
EXCEPT METHOD SECTION 6447.3(a)(3)(B)(1) at less than 10 acres and 235 lbs of methyl bromide.

- Select the appropriate "Acreage" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acreage" row and the "Emission Rate" column intersect.

Emission Rate (pounds/acre-day)

Acres	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
1	100	100	100	100	100	100	100	100	110	110	110	120	130	140	150
2	100	100	100	100	100	100	110	120	130	150	160	170	190	210	230
3	100	100	100	100	100	100	120	140	160	180	200	230	250	270	290
4	100	100	100	100	100	110	140	160	190	220	240	270	300	330	350
5	100	100	100	100	110	120	150	180	210	250	280	310	340	370	400
6	100	100	100	100	120	140	170	210	240	270	310	340	370	410	440
7	100	100	100	100	130	160	190	230	260	300	330	370	410	440	480
8	100	100	100	110	140	180	210	250	280	320	360	400	440	480	510
9	100	100	100	120	150	190	230	270	300	340	380	420	470	510	550
10	100	100	100	120	160	200	240	280	320	370	410	450	500	540	580
11	100	100	100	130	170	210	260	300	340	390	430	480	520	570	620
12	100	100	110	140	180	220	270	310	360	410	450	500	550	600	650
13	100	100	110	150	190	230	280	330	380	430	480	530	580	630	680
14	100	100	110	160	200	240	290	340	390	440	500	550	600	660	710
15	100	100	120	160	210	250	300	350	410	460	520	570	630	680	740
16	100	100	120	170	210	260	310	370	420	480	540	590	650	710	770
17	100	100	130	180	220	270	330	380	440	500	550	610	670	730	790
18	100	100	130	180	230	280	340	390	450	510	570	630	700	760	820
19	100	100	140	190	240	290	350	410	470	530	590	650	720	780	840
20	100	100	140	190	240	300	360	420	480	540	610	670	740	800	870
21	100	100	150	200	250	310	370	430	490	560	620	690	760	820	890
22	100	100	150	200	260	320	380	440	510	570	640	710	780	850	920
23	100	110	160	210	270	330	390	450	520	590	660	730	800	870	940
24	100	110	160	210	270	330	400	470	530	600	670	750	820	890	960
25	100	110	170	220	280	340	410	480	550	620	690	760	840	910	980
26	100	120	170	220	290	350	420	490	560	630	710	780	860	930	1000
27	100	120	170	230	290	360	430	500	570	650	720	800	870	950	1000
28	100	120	180	240	300	370	440	510	580	660	740	810	890	970	1100
29	100	130	180	240	310	370	450	520	600	670	750	830	910	990	1100
30	100	130	180	250	310	380	450	530	610	690	770	850	930	1000	1100
31	100	130	190	250	320	390	460	540	620	700	780	860	950	1000	1100
32	100	140	190	260	320	400	470	550	630	710	800	880	960	1000	1100
33	100	140	200	260	330	400	480	560	640	730	810	900	980	1100	1200
34	100	140	200	270	340	410	490	570	650	740	820	910	1000	1100	1200
35	100	140	200	270	340	420	500	580	660	750	840	930	1000	1100	1200
36	100	150	210	270	350	420	510	590	680	760	850	940	1000	1100	1200
37	100	150	210	280	350	430	510	600	690	770	870	960	1000	1100	1200
38	100	150	210	280	360	440	520	610	700	790	880	970	1100	1200	1300
39	100	150	220	290	360	440	530	620	710	800	890	990	1100	1200	1300
40	100	150	220	290	370	450	540	630	720	810	900	1000	1100	1200	1300

TABLE 2

OUTER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION,
EXCEPT METHOD SECTION 6447.3(a)(3)(B)(1) at less than 10 acres and 235 lbs of methyl bromide.
(CONTINUED)

- Select the appropriate number of "Acres" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acres" row and the "Emission Rate" columns intersect.

Emission Rate (pounds/acre-day)

Acres	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175
1	170	180	190	200	210	220	240	250	260	270	280	290	300	310	320
2	240	260	280	290	310	330	350	360	380	390	410	430	440	460	470
3	320	340	360	380	410	430	450	470	490	510	530	550	570	590	610
4	380	410	430	460	490	510	540	560	590	610	640	660	690	710	730
5	430	460	490	520	550	580	610	640	670	700	720	750	780	810	830
6	480	510	540	580	610	640	670	700	740	770	800	830	860	890	920
7	520	550	590	620	660	690	730	760	800	830	860	900	930	960	990
8	550	590	630	670	710	750	780	820	860	890	930	960	1000	1000	1100
9	590	630	670	710	760	800	840	870	910	950	990	1000	1100	1100	1100
10	630	670	720	760	800	840	890	930	970	1000	1000	1100	1100	1200	1200
11	660	710	760	800	850	890	940	980	1000	1100	1100	1200	1200	1200	1300
12	700	750	800	840	890	940	990	1000	1100	1100	1200	1200	1300	1300	1300
13	730	780	830	880	930	980	1000	1100	1100	1200	1200	1300	1300	1400	1400
14	760	820	870	920	970	1000	1100	1100	1200	1200	1300	1300	1400	1400	1500
15	790	850	900	960	1000	1100	1100	1200	1200	1300	1300	1400	1400	1500	1500
16	820	880	940	990	1000	1100	1200	1200	1300	1300	1400	1400	1500	1500	1600
17	850	910	970	1000	1100	1100	1200	1300	1300	1400	1400	1500	1500	1600	1600
18	880	940	1000	1100	1100	1200	1200	1300	1400	1400	1500	1500	1600	1600	1700
19	910	970	1000	1100	1200	1200	1300	1300	1400	1400	1500	1600	1600	1700	1700
20	930	1000	1100	1100	1200	1200	1300	1400	1400	1500	1500	1600	1700	1700	1800
21	960	1000	1100	1200	1200	1300	1300	1400	1500	1500	1600	1700	1700	1800	1800
22	980	1100	1100	1200	1300	1300	1400	1400	1500	1600	1600	1700	1800	1800	1900
23	1000	1100	1100	1200	1300	1400	1400	1500	1500	1600	1700	1700	1800	1900	1900
24	1000	1100	1200	1200	1300	1400	1500	1500	1600	1700	1700	1800	1800	1900	2000
25	1100	1100	1200	1300	1300	1400	1500	1600	1600	1700	1800	1800	1900	1900	2000
26	1100	1200	1200	1300	1400	1400	1500	1600	1700	1700	1800	1900	1900	2000	2100
27	1100	1200	1300	1300	1400	1500	1600	1600	1700	1800	1800	1900	2000	2000	2100
28	1100	1200	1300	1400	1400	1500	1600	1700	1700	1800	1900	1900	2000	2100	2100
29	1200	1200	1300	1400	1500	1500	1600	1700	1800	1800	1900	2000	2100	2100	2200
30	1200	1300	1300	1400	1500	1600	1600	1700	1800	1900	1900	2000	2100	2200	2200
31	1200	1300	1400	1400	1500	1600	1700	1800	1800	1900	2000	2100	2100	2200	2300
32	1200	1300	1400	1500	1500	1600	1700	1800	1900	1900	2000	2100	2200	2200	2300
33	1200	1300	1400	1500	1600	1700	1700	1800	1900	2000	2100	2100	2200	2300	2400
34	1300	1300	1400	1500	1600	1700	1800	1900	1900	2000	2100	2200	2200	2300	2400
35	1300	1400	1500	1500	1600	1700	1800	1900	2000	2000	2100	2200	2300	2400	2400
36	1300	1400	1500	1600	1700	1700	1800	1900	2000	2100	2200	2200	2300	2400	2500
37	1300	1400	1500	1600	1700	1800	1900	1900	2000	2100	2200	2300	2400	2400	2500
38	1300	1400	1500	1600	1700	1800	1900	2000	2100	2100	2200	2300	2400	2500	2500
39	1400	1500	1500	1600	1700	1800	1900	2000	2100	2200	2300	2300	2400	2500	2600
40	1400	1500	1600	1700	1800	1800	1900	2000	2100	2200	2300	2400	2500	2500	2600

TABLE 3
OUTER BUFFER ZONE DISTANCES (FEET) FOR FUMIGATION METHOD
 SECTION 6447.3(a)(3)(B)1 TARPAULIN/SHALLOW/BROADCAST ("NOBEL PLOW") FIELD SOIL
 FUMIGATION

WHERE APPLICATION BLOCKS ARE:

- 1. 10 ACRES OR LESS and**
- 2. APPLICATION RATES OF 235 POUNDS OF METHYL BROMIDE PER ACRE OR LESS**

Acres	OBZ in San Luis Obispo County
1	60
2	60
3	60
4	60
5	60
6	60
7	70
8	80
9	90
10	100

* Use Table 2 to determine buffer zones acreage larger than listed on this table.

Fumigations using rates greater than 235 pounds per acre are determined using Table 2.

TABLE 4
INNER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION

- Select the appropriate "Acreage" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acreage" row and the "Emission Rate" columns intersect.

Acres	Emission Rate (pounds/acre-day)														
	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200
1	30	30	30	30	40	50	60	70	80	90	100	120	130	140	150
2	30	30	40	50	60	70	90	100	120	140	150	170	190	210	230
3	30	30	50	60	80	100	120	140	160	180	200	220	250	270	290
4	30	40	60	70	100	120	140	170	190	220	240	270	300	320	350
5	30	40	60	90	110	130	160	190	220	250	280	310	340	370	400
6	30	50	70	100	120	150	180	210	240	270	310	340	370	410	440
7	30	50	80	100	130	160	200	230	260	300	330	370	400	440	480
8	40	60	80	110	140	180	210	250	280	320	360	400	430	470	510
9	40	60	90	120	150	190	230	260	300	340	380	420	460	510	550
10	40	70	100	130	160	200	240	280	320	360	410	450	490	540	580
11	40	70	100	140	170	210	250	300	340	380	430	480	520	570	620
12	50	70	110	140	180	220	270	310	360	400	450	500	550	600	650
13	50	80	110	150	190	230	280	330	370	420	470	520	580	630	680
14	50	80	120	160	200	240	290	340	390	440	490	550	600	650	710
15	50	80	120	160	210	250	300	350	410	460	510	570	630	680	740
16	50	90	130	170	210	260	310	370	420	480	530	590	650	710	760
17	60	90	130	170	220	270	320	380	440	490	550	610	670	730	790
18	60	90	130	180	230	280	340	390	450	510	570	630	690	750	820
19	60	100	140	190	240	290	350	400	460	530	590	650	710	780	840
20	60	100	140	190	240	300	360	420	480	540	600	670	740	800	870
21	60	100	150	200	250	310	370	430	490	560	620	690	760	820	890
22	70	110	150	200	260	310	380	440	500	570	640	710	780	850	910
23	70	110	160	210	260	320	390	450	520	590	650	730	800	870	940
24	70	110	160	210	270	330	390	460	530	600	670	740	820	890	960
25	70	110	160	220	280	340	400	470	540	610	690	760	840	910	990
26	70	120	170	220	280	350	410	480	550	630	700	780	850	930	1000
27	80	120	170	230	290	350	420	490	570	640	720	800	870	950	1000
28	80	120	170	230	300	360	430	500	580	660	730	810	890	970	1100
29	80	130	180	240	300	370	440	520	590	670	750	830	910	990	1100
30	80	130	180	240	310	380	450	530	600	680	760	850	930	1000	1100
31	80	130	190	250	310	390	460	540	620	700	780	860	950	1000	1100
32	80	130	190	250	320	390	470	550	630	710	790	880	960	1000	1100
33	90	140	190	260	330	400	480	560	640	720	810	890	980	1100	1200
34	90	140	200	260	330	410	490	570	650	740	820	910	1000	1100	1200
35	90	140	200	270	340	420	500	580	660	750	840	930	1000	1100	1200
36	90	140	210	270	350	420	500	590	680	760	850	940	1000	1100	1200
37	90	150	210	280	350	430	510	600	690	780	870	960	1000	1100	1200
38	90	150	210	280	360	440	520	610	700	790	880	970	1100	1200	1200
39	90	150	220	290	360	440	530	620	710	800	890	980	1100	1200	1300
40	100	150	220	290	370	450	540	630	720	810	900	1000	1100	1200	1300

TABLE 5: METHYL BROMIDE BUFFER ZONE DURATION (HOURS) FOR FIELD SOIL FUMIGATION

For broadcast shank applications using any tarp that qualifies for a 60% reduction in buffer zone distance;

- a. The buffer zone period ends after the tarps have been removed from the application block.
- b. As an alternative to (a) above, two buffer zone periods may be established where the first buffer zone period begins at the start of the application and lasts for a minimum of 48 hours after the application is complete. The second buffer zone period begins when the tarps are perforated and ends after the tarps have been removed from the application block.

All other buffer zone durations are given in the table below.

TABLE 5B:

Tarpaulin/Shallow/Broadcast – Section 6447.3(a)(3)

	Application Rate (pounds per acre)										
Acres	150	175	200	225	250	275	300	325	350	375	400
1 - 10	48	48	48	48	48	48	48	48	48	48	48
11 - 20	48	48	48	48	48	48	48	48	48	60	60
21 - 30	48	48	48	48	48	48	48	60	60	60	60
31 - 40	48	48	48	48	48	48	48	60	60	60	60